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NOTE. Signatures of all the inves

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PTC/68/92 (01-06)
Approved for use through 12/31/2069 GMB 0651-0005
U.S. Paloni and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to e collection of information unless it discleys a valid OMB control number **Application Number** 9974655 REVOCATION OF POWER OF Filing Date ATTORNEY WITH First Named Inventor **NEW POWER OF ATTORNEY** Art Unit AND Examiner Name **CHANGE OF CORRESPONDENCE ADDRESS** Attorney Docket Number I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith. OR 66547 I hereby appoint the practitioners associated with the Customer Number Please change the correspondence address for the above-identified application to: ✗ The address associated with 66547 Customer Number: OR Firm or Individual Name Address City Zip State Country Telephone Email I am the: **Applicant/Inventor** Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name President of Samsong Electronics Co., Ltd.

This collection of information is required by 27 CPN 1.36. The information is required to belian or rotain a bondal by the public which is to tile (and by the USPTO to process) an apparation. Contidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the complete deplication form to the USPTO. This will very deponding upon the individual case. Any comments of one power to complete this form and or superior submit is formation of the Control information Officer, U.S. Petent and Trudemark Office, U.S. Copartment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Potents, P.O. Box 1450, Alexandria, VA 22313-1450.

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forms are submilled

Telephone

ses of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one

if you need assistance in completing the form, colf 1-909-PTO-\$199 and select option 2